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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete If Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/710,303 **Application Number** FEE TRANSMITTAL REGEIVE Filing Date 07/01/2004 CENTRAL FAX CENTER For FY 2006 First Named Inventor Rahman, Anis **Examiner Name** Kim, Ellen E ✓ Applicant dalms small entity status. See 37 CFR 1.27 **Art Unit** 2874 TOTAL AMOUNT OF PAYMENT 325.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number:__ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity Fees Pald (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (5) Fee (\$) Utility 300 150 500 250 200 100 130 Design 200 100 100 50 65 100 200 300 160 Plant 150 80 600 300 150 500 250 300 Reissue 200 0 0 100 0 0 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 Each claim over 20 (including Reissues) **50** 100 200 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims **Multiple Dependent Claims** Fee (\$) Fee Paid (\$) **Total Claims** Extra Claims Fee Paid (5) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Fee (\$) Extra Claims Indep, Claims -3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) Extra Sheets Total Sheets (round up to a whole number) x -100 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Additional, amended claims fee per LIE/Hawkins/571-272-1581 \$325.00

SUBMITTED BY			
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This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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